STATEMENT OF ORGANIZATION		OFFICE USE	•
1. Name and Address of Committee Friends to elect John Rosers Sheriff POBOX 53617 Laf. La 70505 Check If: New Committee Monthly Filer 5. All Committee Officers and Directors (including Chairperson, Treasure	2. Date of this Statement /-2 9 - / 5 3. Estimated Membership / O 4. Amended Statement? YesNo	\$/0 \$/30 #893110 #106	150021/0
a. Name b. Position Ananda ListollogerSchairperson Sames A. Carus o, Jr. Treasurer Danes A. Carus o, Jr. Treasurer C. Address C. Addr			
6. Affiliated Organizations (Any organization, other than a political committee, which directly or in a. Name b. Address ////A	directly established, administers, o	r financially supports this committee c. Relationship to Committee	e.)
7. All Depositories for Committee Funds (committee funds must be depofunds.) a. Name Capital One S200 Johns Lafayette,		gs and loan institutions or money	market mutual
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: a. Che Committee b. Name of Candidate John Patrick Rosers	eck one: Principal Cam	c. Office Sought by the Candio	late
9. a. Name of Person Preparing Report Sohn Patrick Mogens b. Daytime Telephone 337-247-1367		7	
10. WE HEREBY CERTIFY that the information contained in this STATEM and belief. This 2 7 day of	2 Da	25-5) 2-566 B ytime Telephone Number 37-207-0144 nytime Telephone Number	